### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

☐ Chapter 12

Chapter 13

12/17

☐ Check if this is an

amended filing

The bankruptcy forms use you and Debtor 1 to refer to a debtor filling alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Ident                             | ify Yourself      |                            |   |                             | 1                 |
|----|-----------------------------------------|-------------------|----------------------------|---|-----------------------------|-------------------|
|    |                                         |                   | About Debtor 1:            |   | About Debtor 2 (Spouse Only | in a Joint Case): |
| 1. | Your full na                            | me                |                            |   |                             |                   |
|    |                                         | e that is on your | Stevi                      |   | David                       | :<br>/ .          |
|    | government-is identification (          |                   | First name                 |   | First name                  | <u></u>           |
|    | your driver's li                        |                   | Dawn                       |   | Byron                       |                   |
|    | passport).                              |                   | Middle name                |   | Middle name                 |                   |
|    | Bring your pict                         | ture              | Johnson                    |   | Johnson                     |                   |
|    | identification to                       | o your meeting    | Last name                  | • | Last name                   |                   |
|    |                                         |                   | Suffix (Sr., Jr., II, III) | • | Suffix (Sr., Jr., II, III)  | T.                |
| 2. | All other na                            | mes vou           |                            |   |                             |                   |
|    | have used in<br>years                   |                   | First name                 |   | First name                  |                   |
|    | Include your n                          | narried or        | Middle name                |   | Middle name                 |                   |
|    | maiden names                            |                   | Padilla                    |   |                             |                   |
|    |                                         |                   | Last name                  |   | Last name                   | 1                 |
|    |                                         |                   | First name                 |   | First name                  |                   |
|    |                                         |                   | Middle name                |   | Middle name                 | ·                 |
|    | •                                       |                   | Barker                     |   |                             | i                 |
|    |                                         |                   | Last name                  |   | Last name                   | i                 |
|    |                                         |                   |                            |   |                             |                   |
|    |                                         |                   |                            |   |                             |                   |
|    | Only the las                            |                   | xxx - xx - <u>6415</u>     |   | xxx - xx - <u>7833</u>      |                   |
|    | number or f                             | ederal            | OR                         |   | OR                          | r<br>:            |
|    | Individual T<br>Identificatio<br>(ITIN) |                   | 9 xx - xx                  |   | 9 xx - xx                   | <u> </u>          |
|    |                                         |                   |                            |   |                             |                   |

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| Debtor 1 Stevi Dawn                                                                       | Johnson                                                                                                                                             | Case number (if known)                                                                                                                     |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| First Name Middle N                                                                       | lame Last Name                                                                                                                                      |                                                                                                                                            |  |
|                                                                                           | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |
| i. Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ☑ I have not used any business names or EINs.                                                                                                       | ☐ I have not used any business names or EINs.                                                                                              |  |
| the last 8 years                                                                          | Business name                                                                                                                                       | Business name                                                                                                                              |  |
| Include trade names and doing business as names                                           | Business name                                                                                                                                       | Busíness name                                                                                                                              |  |
|                                                                                           | EIN                                                                                                                                                 | EIN                                                                                                                                        |  |
|                                                                                           | EIN                                                                                                                                                 | EIN                                                                                                                                        |  |
| 5. Where you live                                                                         |                                                                                                                                                     | If Debtor 2 lives at a different address:                                                                                                  |  |
|                                                                                           | 665 Concord Way Number Street                                                                                                                       | 665 Concord Way Number Street                                                                                                              |  |
|                                                                                           | St George UT 84770                                                                                                                                  | St George UT 84770                                                                                                                         |  |
|                                                                                           | City State ZIP Code  Washington                                                                                                                     | City State ZIP Cod  Washington                                                                                                             |  |
|                                                                                           | County                                                                                                                                              | County                                                                                                                                     |  |
|                                                                                           | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |
|                                                                                           | 665 Concord Way                                                                                                                                     | 665 Concord Way                                                                                                                            |  |
|                                                                                           | Number Street                                                                                                                                       | Number Street                                                                                                                              |  |
|                                                                                           | P.O. Box                                                                                                                                            | P.O. Box                                                                                                                                   |  |
|                                                                                           | St George UT         84770           City         State         ZIP Code                                                                            | St George UT         84770           City         State         ZIP Cod                                                                    |  |
| s. Why you are choosing                                                                   | Check one:                                                                                                                                          | Check one:                                                                                                                                 |  |
| this district to file for bankruptcy                                                      | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition I have lived in this district longer than in any other district.                        |  |
|                                                                                           | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                           | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                  |  |
| ·                                                                                         |                                                                                                                                                     |                                                                                                                                            |  |
|                                                                                           |                                                                                                                                                     |                                                                                                                                            |  |
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| De                                      | btor 1                                    | Stevi Dawn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | hnson                                                                                                          |                                                                                                                       |                                                                                    | Case number (if kn                                                                               | own)                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                         |                                           | First Name Middle Nar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ne                                                 | Last Name                                                                                                      |                                                                                                                       |                                                                                    |                                                                                                  |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Pa                                      | art 2: T                                  | ell the Court Abou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ut Your B                                          | ankrupt                                                                                                        | cy Case                                                                                                               |                                                                                    |                                                                                                  |                                                                                                                              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 7.                                      |                                           | pter of the<br>otcy Code you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                                                                | brief description of<br>orm 2010)). Also, go                                                                          |                                                                                    |                                                                                                  | U.S.C. § 342(b) for li<br>e appropriate box.                                                                                 | ndividuals Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 8.                                      | How yo                                    | u will pay the fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | local your subr with                               | court for self, you nitting you a pre-pried to paylication for                                                 | r more details about may pay with case our payment on younted address.  The fee in instainable or Individuals to Fee. | but how you men, cashier's cour behalf, you ments. If you are The Filing to        | nay pay. Typicall<br>heck, or money<br>ar attorney may p<br>u choose this op<br>Fee in Installme | eck with the clerk's y, if you are paying order. If your attorn pay with a credit catton, sign and attacnts (Official Form 1 | n the fee<br>ney is<br>ard or check<br>ch the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                         | or otter vortick voor te black voor de de |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | By la<br>less<br>pay                               | aw, a judg<br>than 150<br>the fee ir                                                                           | ge may, but is no<br>now of the official propertion in installments). If                                              | t required to, vooverty line that<br>you choose th                                 | vàive your fee, a<br>at applies to you<br>is option, you m                                       | and may do so only<br>r family size and yo                                                                                   | if your income is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|                                         | bankrup<br>last 8 ye                      | otcy within the<br>ears?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes.                                               | District _                                                                                                     |                                                                                                                       | When                                                                               |                                                                                                  | Case number                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 10.                                     |                                           | bankruptcy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☑ No                                               |                                                                                                                |                                                                                                                       |                                                                                    |                                                                                                  |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                         | filed by                                  | ending or being<br>a spouse who is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ Yes.                                             | Debtor _                                                                                                       |                                                                                                                       |                                                                                    |                                                                                                  | Relationship to you                                                                                                          | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                         |                                           | g this case with<br>by a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | District _                                                                                                     |                                                                                                                       | When                                                                               | MM / DD / YYYY                                                                                   | Case number, if knowr                                                                                                        | <u>, <sup>[</sup></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 11.                                     | . Do you<br>residen                       | rent your<br>ce?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No.<br>V Yes.                                      | residenc                                                                                                       | r landlord obtained                                                                                                   | an eviction judg                                                                   | ment against you                                                                                 | and do you want to s                                                                                                         | tay in your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ı                                       |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | F-ACRESIA VILLAGE                                                                                              | Fill out <i>Initial State</i><br>bankruptcy petition.                                                                 |                                                                                    | Eviction Judgment                                                                                | Against You (Form 1                                                                                                          | I01A) and file it with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| Del | btor 1 Stevi Dawn First Name Middle Nam                                                                                                                          |                                | hnson<br>Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Case numb                                                                                                                                                                                           | ber (if known)                              |                                                    |                                 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|---------------------------------|
|     |                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             |                                                    |                                 |
| Pa  | Report About Any E                                                                                                                                               | Businesse                      | s You Own as a So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | le Proprietor                                                                                                                                                                                       |                                             |                                                    |                                 |
| 12. | . Are you a sole proprietor of any full- or part-time business?                                                                                                  | por                            | o to Part 4.<br>Iame and location of bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ısiness                                                                                                                                                                                             |                                             |                                                    |                                 |
|     | A sole proprietorship is a                                                                                                                                       | 1                              | iame and location of be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13111633                                                                                                                                                                                            |                                             |                                                    |                                 |
| ı   | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or                                                 | -                              | lame of business, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     | LLC. If you have more than one                                                                                                                                   | IN.                            | umber Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     | sole proprietorship, use a separate sheet and attach it to this petition.                                                                                        | _                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     | to this petition.                                                                                                                                                | _                              | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | St                                                                                                                                                                                                  | tate                                        | ZIP Code                                           |                                 |
|     |                                                                                                                                                                  | c                              | Check the appropriate b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | oox to describe your business:                                                                                                                                                                      |                                             |                                                    |                                 |
|     |                                                                                                                                                                  | Ĺ                              | Health Care Busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ss (as defined in 11 U.S.C. § 101                                                                                                                                                                   | (27A))                                      |                                                    |                                 |
|     |                                                                                                                                                                  |                                | Single Asset Real E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | state (as defined in 11 U.S.C. § 1                                                                                                                                                                  | 101(51B))                                   |                                                    |                                 |
|     |                                                                                                                                                                  |                                | Stockbroker (as defi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ined in 11 U.S.C. § 101(53A))                                                                                                                                                                       |                                             |                                                    |                                 |
|     |                                                                                                                                                                  | Comm                           | MANAGETT STATE OF THE STATE OF | as defined in 11 U.S.C. § 101(6))                                                                                                                                                                   | )                                           |                                                    |                                 |
| ·   | STREETHERMETSTREETHERMETS AND THE ACCOUNT OF A STREET AND A STREET ACCOUNT OF THE STREET ACCOUNT OF THE STREET                                                   | Į.                             | None of the above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                             |                                                    |                                 |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | can set as most receany of the | ppropriate deadlines. If<br>nt balance sheet, state<br>se documents do not e<br>am not filing under Cha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1, the court must know whether ye<br>you indicate that you are a small<br>ement of operations, cash-flow sta<br>exist, follow the procedure in 11 U<br>apter 11. er 11, but I am NOT a small busing | l business d<br>atement, an<br>J.S.C. § 111 | lebtor, you must<br>id federal income<br>(6(1)(B). | attach your<br>tax return or if |
|     |                                                                                                                                                                  | Yes. I                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | er 11 and I am a small business do                                                                                                                                                                  | ebtor accor                                 | ding to the defin                                  | ition in the                    |
| Pa  | art 4: Report if You Own                                                                                                                                         | or Have A                      | ny Hazardous Prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | perty or Any Property That i                                                                                                                                                                        | Needs Im                                    | ımediate Atte                                      | ntion                           |
|     |                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             |                                                    |                                 |
| 14. | Do you own or have any property that poses or is                                                                                                                 | ☑ No                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             | !                                                  |                                 |
|     | alleged to pose a threat of imminent and                                                                                                                         | ☐ Yes.                         | What is the hazard?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     | identifiable hazard to public health or safety? Or do you own any                                                                                                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     | property that needs immediate attention?                                                                                                                         |                                | If immediate attention i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is needed, why is it needed?                                                                                                                                                                        |                                             |                                                    |                                 |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     |                                                                                                                                                                  |                                | Where is the property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Number Street                                                                                                                                                                                       |                                             | · · · · · · · · · · · · · · · · · · ·              |                                 |
|     |                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                             |                                                    |                                 |
|     |                                                                                                                                                                  |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                                                                                                                                                                                                |                                             | State Z                                            | IP Code                         |

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Debtor 1

| Stevi Daw  | _           | T. L      |                        |
|------------|-------------|-----------|------------------------|
| Stevi Daw  | Π           | Johnson   | Case number (if known) |
| Firet Name | Middle Name | Last Name |                        |

Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

|  | Abou | ıt De | bto | r 1 |
|--|------|-------|-----|-----|
|--|------|-------|-----|-----|

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|-----------------------------------------------|
| credit counseling because of:                 |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| Ц | I am not required to receive a briefing about |
|---|-----------------------------------------------|
|   | credit counseling because of:                 |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Stevi Dawn Debtor 1 Johnson Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after 🛭 Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and ☑ No administrative expenses ☐ Yes are paid that funds will be available for distribution to unsecured creditors? 1-49 25,001-50,000 1,000-5,000 18. How many creditors do you estimate that you 5,001-10,000 50,001-100,000 50-99 owe? 100-199 10,001-25,000 ☐ More than 100,000 200-999 19. How much do you \$0-\$50,000 ☐ \$1,000,001-\$10 million □ \$500.000.001-\$1 billion estimate your assets to \$10,000,001-\$50 million ■ \$1.000,000,001-\$10 billion \$50,001-\$100,000 be worth? ☐:\$50,000,001-\$100 million \$100.001-\$500.000 □ \$10.000.000.001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million ☐ More than \$50 billion ☐ \$1,000,001-\$10 million 20. How much do you \$0-\$50,000 □ \$500,000,001-\$1 billion estimate your liabilities \$50,001-\$100,000 **□** \$10,000,001-\$50 million □ \$1,000,000,001-\$10 billion to be? **4** \$100,001-\$500,000 \$50,000,001-\$100 million □ \$10,000,000,001-\$50 billion \$500,001-\$1 million **□** \$100,000,001-\$500 million ☐ More than \$50 billion Sian Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Signature of Debtor Executed on 5/27/19 Executed on

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| Debtor 1                                                                  | Stevi Dawn First Name Middle Name      | Johnson<br>Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |  |  |
|---------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
|                                                                           | f you are filing this<br>cy without an | should understand that mar<br>themselves successfully. Bo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vidual, to represent yourself in bankruptcy court, but you by people find it extremely difficult to represent ecause bankruptcy has long-term financial and legal and urged to hire a qualified attorney.                                                                                                                                                                                                                                                                                                  |    |  |  |
| If you are represented by an attorney, you do not need to file this page. |                                        | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |  |  |
|                                                                           |                                        | court. Even if you plan to pay a in your schedules. If you do not property or properly claim it as a also deny you a discharge of all case, such as destroying or hidi cases are randomly audited to come to be a such as destroying and the cases are randomly audited to come to be a such as destroying or hidi                                                                                                                                                                                                                                                               | nd debts in the schedules that you are required to file with the particular debt outside of your bankruptcy, you must list that deblist a debt, the debt may not be discharged. If you do not list exempt, you may not be able to keep the property. The judge car your debts if you do something dishonest in your bankruptcy ng property, falsifying records, or lying. Individual bankruptcy letermine if debtors have been accurate, truthful, and complete. crime; you could be fined and imprisoned. | an |  |  |
|                                                                           |                                        | If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |  |  |
|                                                                           |                                        | Are you aware that filing for ban consequences?  No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | kruptcy is a serious action with long-term financial and legal                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |  |  |
|                                                                           |                                        | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | raud is a serious crime and that if your bankruptcy forms are buld be fined or imprisoned?                                                                                                                                                                                                                                                                                                                                                                                                                 |    |  |  |
|                                                                           |                                        | ☐ No☐ Yes. Name of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | neone who is not an attorney to help you fill out your bankruptcy<br>on Preparer's Notice, Declaration, and Signature (Official Form 119).                                                                                                                                                                                                                                                                                                                                                                 |    |  |  |
|                                                                           |                                        | have read and understood this i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | that I understand the risks involved in filing without an attorney. notice, and I am aware that filing a bankruptcy case without an my rights or property if I do not properly handle the case.                                                                                                                                                                                                                                                                                                            | 1  |  |  |
|                                                                           |                                        | Signature of Debtor 1  Date 5/27/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signature of Debtor 2 Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |  |  |
|                                                                           |                                        | MM / DD / YYYY  Contact phone 8012013593                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contact phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |  |  |
|                                                                           |                                        | Cell phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Cell phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |  |  |

Email address

Email address